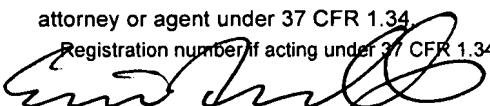


PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

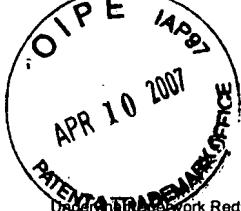
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 51402-229914
Application Number 10/786,591-Conf. #4343		Filed February 26, 2004
For A DEVICE AND A METHOD FOR REMOVING SOLIDS		
Art Unit 1724		Examiner R. J. Popovics
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,134</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
 _____ Signature		
_____ April 10, 2007 Date		
Eric J. Franklin _____ Typed or printed name		
(202) 344-4936 _____ Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

04/11/2007 JADDO1 00000018 220261 10786591

01 FC:1252 450.00 DA



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee Transmittal</b>		Application Number	10/786,591-Conf. #4343
<b>For FY 2006</b>		Filing Date	February 26, 2004
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Espen Hauge
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>450.00</b>		Examiner Name	R. J. Popovics
		Art Unit	1724
		Attorney Docket No.	51402-229914

<b>METHOD OF PAYMENT (check all that apply)</b>					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>Fee Calculation</b>																					
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																					
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>																
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
<b>2. EXCESS CLAIM FEES</b>																					
<b>Fee Description</b>																					
Each claim over 20 (including Reissues) <b>Fee (\$)</b> <b>Small Entity</b>																					
50      25																					
Each independent claim over 3 (including Reissues) <b>Fee (\$)</b> <b>Small Entity</b>																					
200      100																					
Multiple dependent claims <b>Fee (\$)</b> <b>Small Entity</b>																					
360      180																					
<table border="1"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> </tr> <tr> <td colspan="2">- 20 =</td> <td>x</td> <td>=</td> <td><b>Fee (\$)</b></td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20.</td> <td><b>Fee Paid (\$)</b></td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	- 20 =		x	=	<b>Fee (\$)</b>	HP = highest number of total claims paid for, if greater than 20.				<b>Fee Paid (\$)</b>
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>																	
- 20 =		x	=	<b>Fee (\$)</b>																	
HP = highest number of total claims paid for, if greater than 20.				<b>Fee Paid (\$)</b>																	
<table border="1"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Fee (\$)</b></td> </tr> <tr> <td colspan="2">- 3 =</td> <td>x</td> <td>=</td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> <td><b>Fee Paid (\$)</b></td> </tr> </table>							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b>	- 3 =		x	=	<b>Fee Paid (\$)</b>	HP = highest number of independent claims paid for, if greater than 3.				<b>Fee Paid (\$)</b>
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b>																	
- 3 =		x	=	<b>Fee Paid (\$)</b>																	
HP = highest number of independent claims paid for, if greater than 3.				<b>Fee Paid (\$)</b>																	
<b>3. APPLICATION SIZE FEE</b>																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="1"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Number of each additional 50 or fraction thereof</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td colspan="2">- 100 =</td> <td>/50 (round up to a whole number) x</td> <td>=</td> <td><b>Fee Paid (\$)</b></td> </tr> </table>							<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	- 100 =		/50 (round up to a whole number) x	=	<b>Fee Paid (\$)</b>					
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																	
- 100 =		/50 (round up to a whole number) x	=	<b>Fee Paid (\$)</b>																	
<b>4. OTHER FEE(S)</b>																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 1252 Extension for response within second month <b>450.00</b>																					
<b>SUBMITTED BY</b>																					
Signature			Registration No. (Attorney/Agent)	37,134	Telephone	(202) 344-4936															
Name (Print/Type)	Eric J. Franklin		Date	April 10, 2007																	